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				First Named Inventor				
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V				Examiner Name		Felsuga		
				Attorney Docket Number			5564-4	
hereby revoke all provious provious								
H	hereby revoke all previous powers of attorney given in the above-identified application.							
	A Power of Attorney is submitted herewith.							
Ш	OR							
	I hereby appoint the practitioners associated with the Customer Number:							
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	Assi State	Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
	SIGNATURE of Applicant or Assignee of Record							
S	gnature VP							
N	arne Kevin Fink							
Ď	ate	11/20/6	T	Telephone (219)572 - 2650				
No.	NOTE: Signatures of all the inventors or easignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one							
-	/ Total of 2 forms are submitted							
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ind an	to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gainering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any confinents and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DNOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.							

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